Out of State Provider Enrollment and Claims Submission Frequently Asked Questions

What is required for claims processing when a Colorado Medical Assistance Program member has received services in a different state?

All out of state providers are required to submit a provider application and be approved in order to submit and process claims for the Colorado Medical Assistance Program. Enrollment documents can be found at colorado.gov/hcpf→For Our Providers→How to become a provider (enroll)→ Provider Enrollment.

My provider ID is terminated, what should I do?

To reactivate a voluntarily terminated enrollment, a provider application noting the terminated provider number must be submitted and approved for claim submission.

I submitted a claim for a member and received a *Notification of Non-Payment* letter, what should I do?

There are two systems involved in processing and paying a claim, and the billing provider must be active in both. Claims processing is performed in the Medicaid Management Information System (MMIS) and payment processing is performed in the State's financial system. Claims processed to a billing provider number that is inactive in the State's financial system results in an incomplete payment and the claim(s) must be voided out of the MMIS. Claims are voided by state staff so a false accounts receivable balance is not created. If a *Notification of Non-Payment* letter is received, follow the instructions and fax the information directly to 1-303-866-3669, attention "Accounting".

I am enrolled and when I try to submit my claim I receive a denial notice indicating 1348-Billing Provider Active/Non-Billable, what does this mean?

The billing provider number is in an inactive status in the State's financial system and an inactive status in the MMIS with prior paid claims voided. A completed W-9 is required for reactivation in the State's financial system. The W-9 must be dated within the previous 6 months and completed exactly as enrolled with the Internal Revenue Service (IRS). Once the State's financial system is updated notification is submitted for MMIS reactivation.

What can I do prior to claim submission if I am enrolled and haven't received a payment for an extended period of time?

Submit updated information including a W-9, Authorization Agreement for Automatic Deposits (EFT), CLIA, license, etc., prior to submitting the claim(s) to avoid processing issues. For best results complete and submit a Provider Enrollment Update Form and attach all current documents. The form can be found on the website at colorado.gov/hcpf→For Our Providers→Provider services (training, & more) →Forms→Update Forms.

Please note, the Colorado Medical Assistance Program does not currently accept the CMS 1500 paper claim form. The form used for Professional claims submissions can be found at colorado.gov/hcpf→ For Our Providers→Provider services (training, & more) →Forms→Claim Forms and Attachments.

For further assistance, please contact Colorado Medical Assistance Program Provider Services at 1-800-237-0757.